

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH F PTO-875)					
			SERIAL NO.	FILING DATE	
APPLICANT(S)					

#	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						